



SAN LUIS OBISPO COUNTY DEPARTMENT OF SOCIAL SERVICES
CalWORKs HOUSING SUPPORT PROGRAM (HSP)



Level Assistance Questionnaire

Participant's Name: _____ Case #: _____ Phone #: _____
Case Worker: _____ Phone #: _____ Date: _____

What is your current living situation? _____

County section:

Does this person meet the HSP definition of homelessness?

- ☐ Yes
☐ No

If **yes**, select one:

- ☐ Lacking a fixed and regular nighttime residence
☐ Having a primary nighttime residence that is a supervised publically or privately operated shelter designed to provide temporary living accommodations
☐ Residing in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings
☐ In receipt of a judgment for eviction, as ordered by a court

If **NO**, deny HSP application. No need to go further.

Denial NOA given on date: _____ by: _____

Rental History

- | | | |
|---|------------------------------|-----------------------------|
| 1. Do you have a good rental history in the area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever been evicted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If so, how many times? _____ For what reason? _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever had problems with a Landlord, and if so why? _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you had problems making your rent payments on time? If so how often? _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you have or could you get positive references from any of your landlords? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you ever had other tenants complain about you due to loud noises or other things? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Has a landlord ever withheld part or all of a security deposit from you due to damages or to cover other destruction to the property? (Circle: partial or full) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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Credit History

8. Have you ever had problems renting due to poor credit history or no credit history? ☐ Yes ☐ No
9. Have you ever missed a utility or credit card payment? ☐ Yes ☐ No
If yes, how often? _____
10. Have you missed a payment or been late paying rent for more than one month in a row? ☐ Yes ☐ No
11. Have you ever had a court judgment, owed money to a landlord, or had accounts closed because of a debt? ☐ Yes ☐ No
If yes, how many judgments or unpaid debts to a landlord do you have? _____

Financial State

12. What is your current income, including government benefits? _____
13. Do you have problems maintaining employment? Or is your work seasonal or temporary? ☐ Yes ☐ No
Explain: _____
14. Do you budget your money? ☐ Yes ☐ No
15. Do you need help learning how to budget your money better? ☐ Yes ☐ No
16. Do you have money set aside for emergencies or in case you are short on rent? ☐ Yes ☐ No
17. Do you have any bank accounts open currently?

Criminal History

18. Have you ever been convicted of a moving violation, DUI or misdemeanor? ☐ Yes ☐ No
(If no, skip to the next section)
19. Have you ever been convicted of a more serious violation? ☐ Yes ☐ No
20. If yes to #19, did it involve drugs or a serious crime against persons or property? ☐ Yes ☐ No
21. Have you been convicted of more than one serious crime against persons or property? ☐ Yes ☐ No

Mental Health / Substance Abuse Issues

22. Do you ever experience anxiety, depression or have a hard time responding to conflict? ☐ Yes ☐ No
23. Do you have a mental health condition that sometimes affects your housing situation? ☐ Yes ☐ No
24. Are you currently using drugs or alcohol or experiencing mental health problems? ☐ Yes ☐ No
25. Do you have any issues at home such as conflicts that are not resolved with your children or partner? ☐ Yes ☐ No
26. Have you ever received treatment for substance abuse of drugs or alcohol? ☐ Yes ☐ No
If yes, when? _____
27. Does your substance abuse ever create problems with your housing situation? ☐ Yes ☐ No

History of Landlord/Tenant Issues

28. Do you have any substance abuse or mental health issues that you have not sought help for? ☐ Yes ☐ No
29. Do you ever have problems communicating with your landlords or other tenants, or conflicts with them? ☐ Yes ☐ No
30. Do you ever have problems meeting all the requirements of the lease or does your landlord think you do? ☐ Yes ☐ No
31. Is it hard for you to manage your apartment/house, including cleaning and taking care of it? ☐ Yes ☐ No
32. Is anyone in your household (adult or child) action out of control and causing issues with staying housed? ☐ Yes ☐ No

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History of Homelessness

33. How many times have you lost housing or been homeless in the past? ☐ Yes ☐ No
34. If you were homeless in the past, how long were you homeless, on average? ☐ Yes ☐ No
35. What other housing options do you have for the next few days or weeks? ☐ Yes ☐ No
36. If you are staying in someone else's house, would any issues exist if you remain in your current housing situation? ☐ Yes ☐ No
37. Could those be resolved with financial assistance, case managements or some other services? ☐ Yes ☐ No
If yes, what service would be most beneficial? _____
38. If coming from your own housing unit, is it possible for you to stay in your current housing unit? ☐ Yes ☐ No
39. What resources would you need to have to keep your housing (financial assistance, case management, mediation, transportation, etc.)? _____
40. What led you to currently becoming homeless? _____
41. Please tell us all the places you are currently receiving services or benefits from (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Family Physician | <input type="checkbox"/> CWS |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Prop. 36 |
| <input type="checkbox"/> Probation | <input type="checkbox"/> California Dept. of Rehab |
| <input type="checkbox"/> Parole | <input type="checkbox"/> Case Management |
| <input type="checkbox"/> Substance Abuse Services | <input type="checkbox"/> Other services I am receiving: _____ |
| <input type="checkbox"/> Mental Health (County or other: _____) | |

Participant's Name _____

Participant's Signature _____

Date _____

County Use and Referral Section:

Level of Assistance Scores:

Rental History:

Credit History:

Financial Status:

Criminal History:

Mental Health/Substance Abuse:

Landlord / Tenant History:

History of Homelessness:

Approved as an overall Level _____ HSP participant.

Approval NOA sent on _____ by: _____

Referral email to CAPSLO sent on _____.